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ProPat, L.L.C.

4,1

To:	USPTO	From	Claire Wygand for Cathy R. Moore
	Examiner Chhaya SAYALA		Phone: (704) 365-4881
	Art Unit 1761		Fax: (704) 365-4851
Faxi	(703) 872-9306	Pagesı	15 pages total
			Transmittal facsimile cover sheet (1 page)
			2-month extension of time (1 page)
			Fee Sheet (1 page)
			POA (1 page)
			Amendment (11 pages)
Phone:		Deto:	December 3, 2004
Re:	Application No. 10/057,212; Filed 1/24/02	CC:	
	Our Ref.: 01/016 NUT		
	Response to Office Action dated 7/29/04		RECEIVED
		. 1	CENTRAL FAX CEN

DEC 0 3 2004

Dear Examiner Sayala,

Attached are the documents as indicated above.

Respectfully submitted,

Fax: 7043654851

PTC/9B/17 (10-03) Approved for use through 07/31/2008. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. Complete if Known FEE TRANSMITTAL 10/057.212 RECFI **Application Number** 01/24/2002 for FY 2004 Filing Date CENTRAL FA K CENTER Ni∞ N. RACZEK First Named Inventor Effective 10/01/2003. Patent fees are subject to annual revision. 2004 DEC Chhava D. SAYALA Examiner Name Applicant claims small entity status. See 37 CFR 1.27 1761 Art Unit (\$) 430.00TOTAL AMOUNT OF PAYMENT 01/016 NUT Attorney Docket No. METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) 3. ADDITIONAL FEES Money Check Credit card Other None Large Entity . Small Entity Deposit Account: Fee Description Deposit Account Code (\$) Code (6) es Pald 50-2193 2051 1051 130 65 Surcharge - late filling fee or ooth Number Deposit 2052 Surcharge - late provisional filing fee or 1052 50 PROPAT, LLC Account cover sheet Name 1053 1053 130 130 Non-English specification The Director is authorized to: (check all that apply) 1812 2,520 For filing a request for ex parte reexemination 1812 2,520 Charge fee(s) Indicated below Credit any overpayments 1804 920 1804 920° Requesting publication of SIR prior to Charge any additional fae(a) or any underpayment of fee(a) Examiner action Charge fee(a) indicated below, except for the filing fee Requesting publication of SIR after 1805 1,840 1805 1,840* Examiner action to the above-identified deposit account. 1251 110 2251 55 Extension for reply within first month FEE CALCULATION 490,00 Extension for reply within second month 420 2282 1252 1. BASIC FILING FEE 1253 950 2253 475 Extension for reply within third month Large Entity Small Entity Fee Paid Foo Foo Fee Description 1254 1,460 2254 740 Extension for reply within fourth month 1,005 Extension for reply within fifth month 1255 2.010 2255 1001 770 2001 385 Utility filing fee 230 1401 2401 166 Notice of Appeal 1002 340 2002 170 Design filling fee 1402 330 2402 165 Filing a brief in support of an appeal 2003 255 1003 530 Plant filling fee 1403 200 2403 145 Request for oral hearing 2004 1004 770 385 Reissue filing fee 1451 1.510 1451 1,510 Petition to institute a public use proceeding 2005 Provisional filing fee 1005 160 1452 55 Petition to revive - unavoidable 110 2452 **\$UBTOTAL (1) | (\$)** 1453 1,330 2453 685 Petition to revive - unintentional 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,330 2501 685 Utility leave fee (or releasue) Féé from Fee Paid Ext<u>ra Claim</u>e **DELOW** 1502 480 2502 240 Design Issue fee Total Claims -20** = 1503 640 320 Plant Issue fee 2503 Independent . 3** c 1480 130 130 Pelitions to the Commissioner 1480 Claims Multiple Dependent 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) Large Entity Small Entity 180 Submission of Information Disclosure Strat 1808 180 1808 Fee Fee Code (8) Fee Description 40 Recording each patent assignment per Fee Fee Cods (\$) 8021 40 8021 property (times number of properties) Claims in excess of 20 1202 18 2202 Filing a submission after final rejection (37 CFR 1.129(a)) 1609 770 2809 Independent claims in excess of 3 43 1201 88 2201 Multiple dependent claim, if not paid 1203 290 2203 145 1810 770 2810 For each additional invention to be examined (37 CFR 1.129(b)) ** Relasue independent claims 1204 88 2204 over original patent 385 Request for Continued Examination (RCE) 1801 770 2801 1802 900 Request for expedited examination Relesue cigims in excess of 20 1802 1205 18 2205 9 of a design application and over original patent Other fee (specify) (\$) SUBTOTAL (2) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 430.00 or number previously paid, if greater, For Relasues, see above (Complete (if applicable)) Registration No. Name (Print/Type) 45,764 Telephone 704 365-4881 (Attornay/Agant) 12/3/2004 Date Signeture

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